



STATE OF WASHINGTON  
WASHINGTON STATE BOARD OF HEALTH  
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May 14, 2003

**TO:** State Board of Health Members

**FROM:** Vickie Ybarra, Board Member

**RE: PROGRESS REPORT ON SCHOOL ENTRY EXAMS PILOT PROJECT**

**Background and Summary**

At the January 10, 2001 State Board of Health meeting, Terry Bergeson, Superintendent of Public Instruction, Dennis Braddock, Secretary of Social and Health Services, Mary Selecky, Secretary of Health, and the Board "shared the goal of seeing children screened and treated for health conditions as early in life as possible.... The group agreed that a pilot program might be best, using school districts willing to require children to get screening prior to school entry. Another idea [was] inquiring if children had screening [prior] to enrollment." (SBOH Minutes, January 10, 2001)

An interagency work group formed to pursue this direction. Consistent with the work plan of the Board Committee on Children's Health and Well-Being, Board staff attended work group meetings. The other participants represented the Office of the Superintendent of Public Instruction, the Department of Health, and the Department of Social and Health Services. The group elected to conduct a pilot project to identify some of the benefits and burdens to schools and parents that would result from requiring that all children have comprehensive well-child exams prior to entering school.

I anticipate that a report on the results of the pilot study and recommendations from the work group will be available in July. The committee is likely to recommend against implementing a school entry requirement for well-child exams at this time. Lack of support for a requirement on the part of many school administrators, school nurses, and parents, the additional administrative load on already overextended school health staff, lack of resources to enforce a requirement, inadequate access to health care, and other hurdles lead the group to question the prospects for successful implementation of a requirement.

Because the Board will begin discussing priorities for the 2003-2005 biennium at its July 9 meeting, I have asked for time on the agenda to provide a progress report on this work.

**Recommended Board Action**

None.

## **Discussion**

Thirteen schools, 12 districts, and families of 852 children entering kindergarten participated in the pilot. Schools asked parents and guardians to return completed well-child exam forms for their children and to complete surveys about well-child exams. They could fill out an exemption form for the well-child exam. Parents and guardians returned 399 exams (47 percent response rate) and 266 parent surveys (31 percent response rate). School nurses reviewed the exam forms, compiled data, and completed the Nurse Summary Report. Their reports detailed referrals to health care providers, accommodations made at school, whether exams were complete, time spent by the nurse on the project, and other data. This study was both quantitative and qualitative. No economic analysis was conducted that would allow a quantitative comparison of costs and benefits.

### **Initial findings include:**

- Half of the school districts that were asked to participate did so. Concerns included staff time, fiscal impacts, and creating a barrier to school attendance.
- Of the school nurses that participated, 58 percent felt well-child exams should not be required. Again, concerns largely centered on resources.
- For parents and guardians, their personal belief in the importance of a well-child exam for his or her child seemed to be associated whether that child received an exam. Other issues mentioned include lack of time, cost, and difficulty finding a provider or scheduling an appointment.
- Health care providers performing the exams made 86 referrals from 399 exams. Based on the 399 exams, 23 classroom accommodations were needed. Some children had more than one referral and/or accommodation. It is not known how many of these referrals and accommodations would have been made without the exam requirement.
- Sixty percent of the exam forms returned had missing elements.
- Because the final sample size was relatively small for both the exams and the surveys, caution should be exercised in basing policy decisions on data from this project. Also, results from parents who submitted surveys and/or forms may not apply to the parents who did not respond.

The work group is expected to recommend against implementing a requirement based on the model explored by this pilot program. Benefits were observed in the number of referrals and accommodations, and nothing in the study undermined the medical and public health justification for universal well child screenings. It is the opinion of the work group, however, that the number and nature of the burdens identified in the study make successful implementation unlikely for the immediate future. The work group will be working over the next two months to recommend a list of next steps. Some of the likely recommendations, though designed to increase the number of children receiving well child exams without a requirement, could make successful implementation of a requirement more feasible at some future date. Those recommendations will appear in the final report.

The agency representatives agree that health care providers, schools, and parents each have significant roles to play in order to improve the number of children who receive well-child exams. The agencies will continue to collaborate to promote comprehensive well-child exams prior to school entry, as well as health care access for children.